

Fig. 1

100

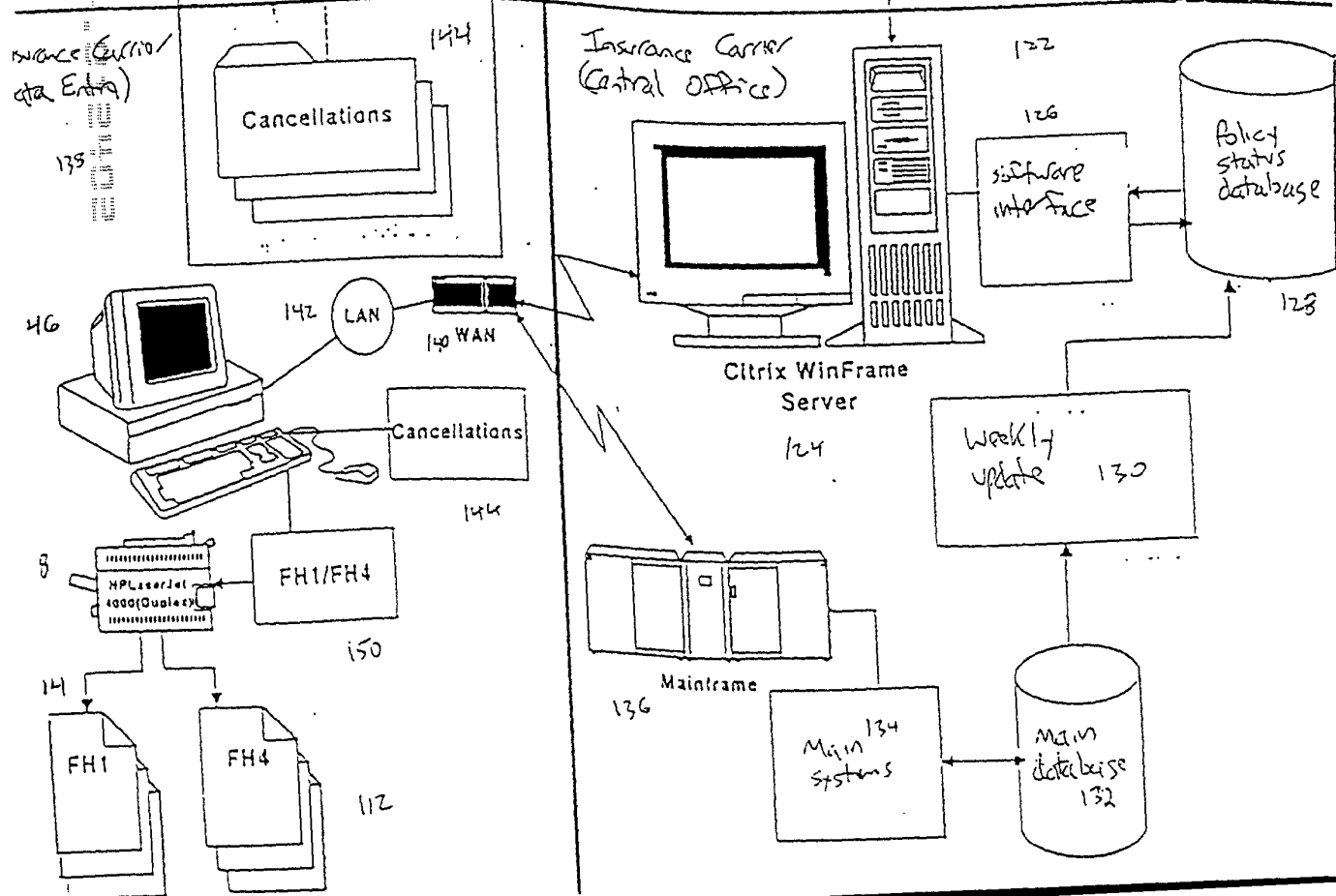
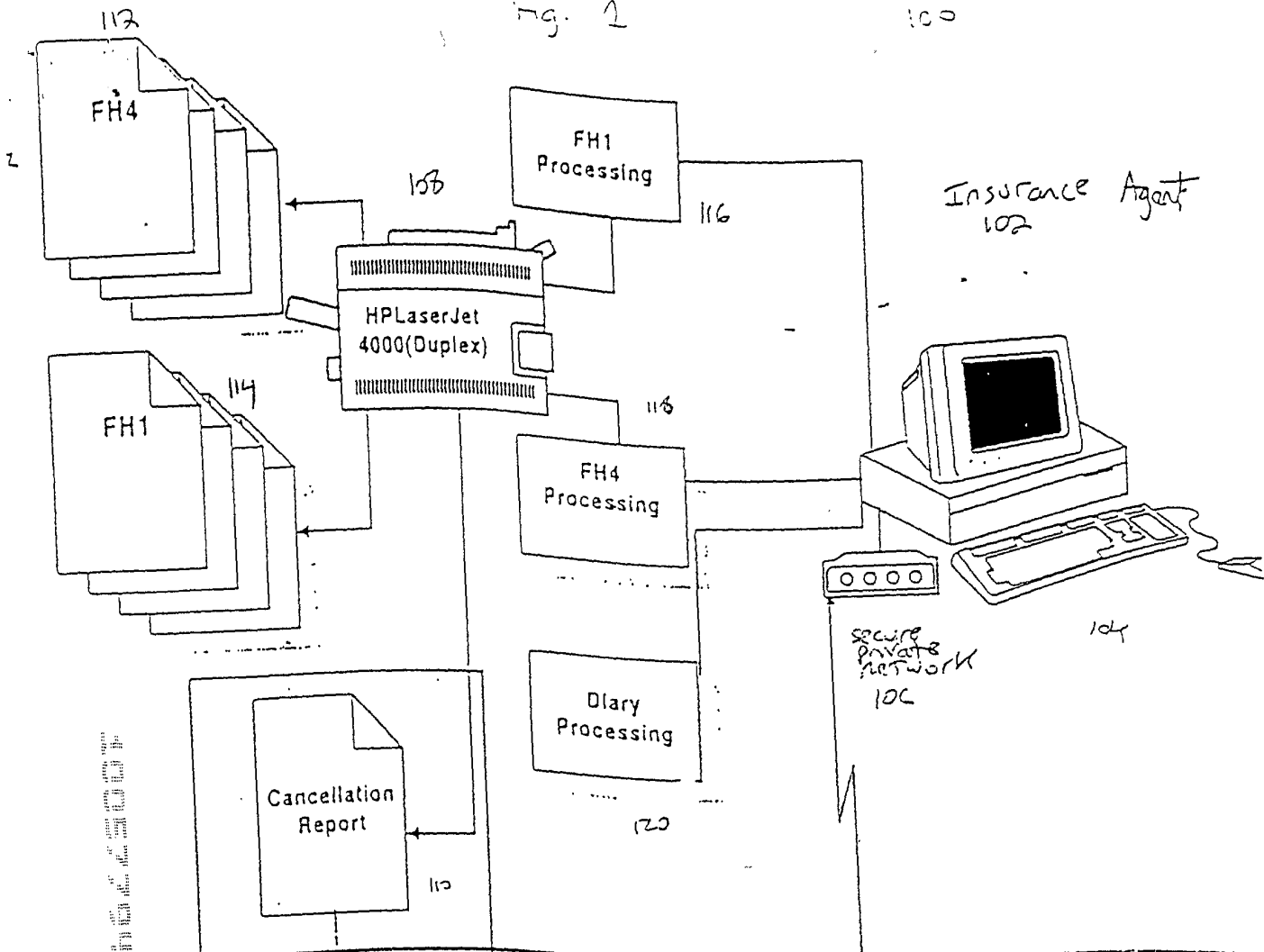


Fig. 2

200

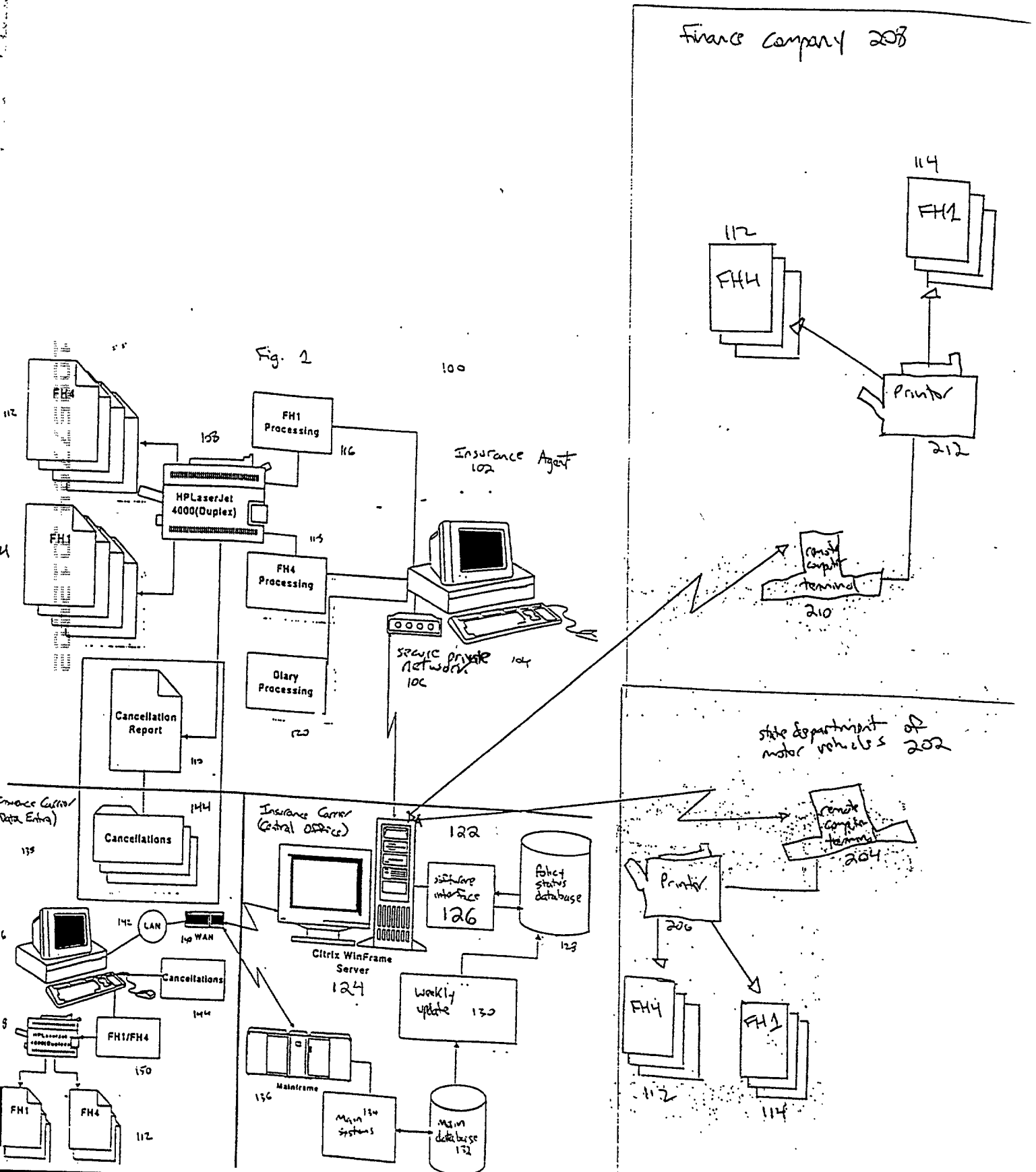
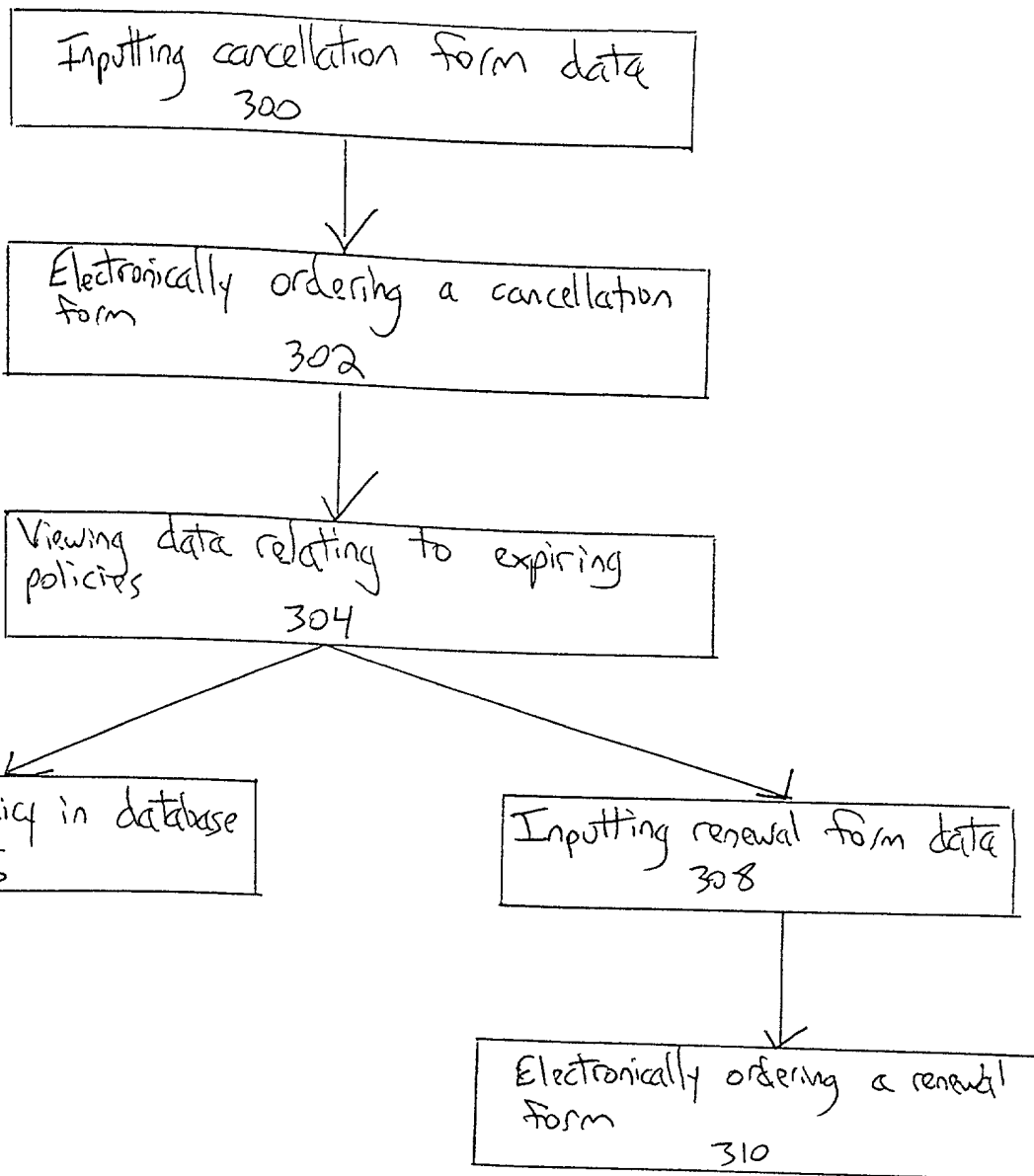


Figure 3



400

Black Car Diary

You have 1 policies which require Action today
and 2 policies which are past their cancellation date!

402

Fig. 4

500

Select a Policy

Your search returned 768 policies

Policy Number	Insured Name	Effective Date	Expiration Date	Carrier Status	FH Status
CAL388837	John Insured	01/01/1998	02/28/1998	EX	
CAL452228	Jane Insured	11/01/1997	02/28/1998	EX	
CAL452228	Jane Insured	02/28/1998	02/28/1999	AC	FH4
CAL452229	George Covered	11/01/1997	02/28/1998	EX	
CAL452230	Tony Driver	02/28/1998	02/28/1999	AC	
CAL452230	Tina Driver	11/01/1997	02/28/1998	EX	
		02/28/1998	02/28/1999	AC	

Click any column on the policy you wish to work on

Cancel

Fig. 5

Fig 6

File Options Help

Black Car

600

Policy H91111111 effective 2/28/2001

Policy Information:

Policy Number: H91111111 Effective Date: 02/28/2001 Expiration Date: 02/28/2002

Product Code: N80507 Company Name: Citi Insurance Company

Policy Source: Office Entry Car Type: Insurance FH Status: FHK

Insured Name and Address:

Name: John Insured

Address 1: One Liberty Place

Address 2:

City: PHILADELPHIA State: PA Zip: 19103

Employment Information (Optional):

Soc. Sec. No.:

Fed. Emp. No.:

U.S.A. Social Security No.:

Federal Employees Number:

Canadian Social Security No.:

Vehicle Information:

Year: 1994 Make: LINCOLN Model: TOWNCAR VIN/Serial No. 1Z345 Seating Capacity: 5

Transaction Information:

Type: C FH1 C FH4 Reason: 10 RAINBOW Effective Date: 04/23/2001

610 612

Print Cancel

606

614

Microsoft Access

File Edit View Insert Tools Window Help

Policy: Table

Field Name	Data Type	Description
Policy Number	Text	
Effective Date	Date/Time	
Expiration Date	Date/Time	
Policy Status	Text	
Company Code	Text	
Premium	Number	
Insured Name	Text	
Insured Address 1	Text	
Insured Address 2	Text	
Insured City	Text	
Insured State	Text	
Insured Zip	Text	
Make	Text	
Model	Text	
Vin	Text	
Year	Text	
Policy Source	Text	
Policy Update Date	Date/Time	Where the policy information was entered
FH Status	Text	Date the policy record was updated
Producer Code	Text	FH1 or FH 4 - blanks allowed
		Producer code determines whether or not a policy is Black Car or Grey Car

Field Properties

General

Field Size: 9

Format:

Input Mask:

Caption:

Default Value:

Validation Rule:

Validation Text:

Required: Yes

Allow Zero Length: No

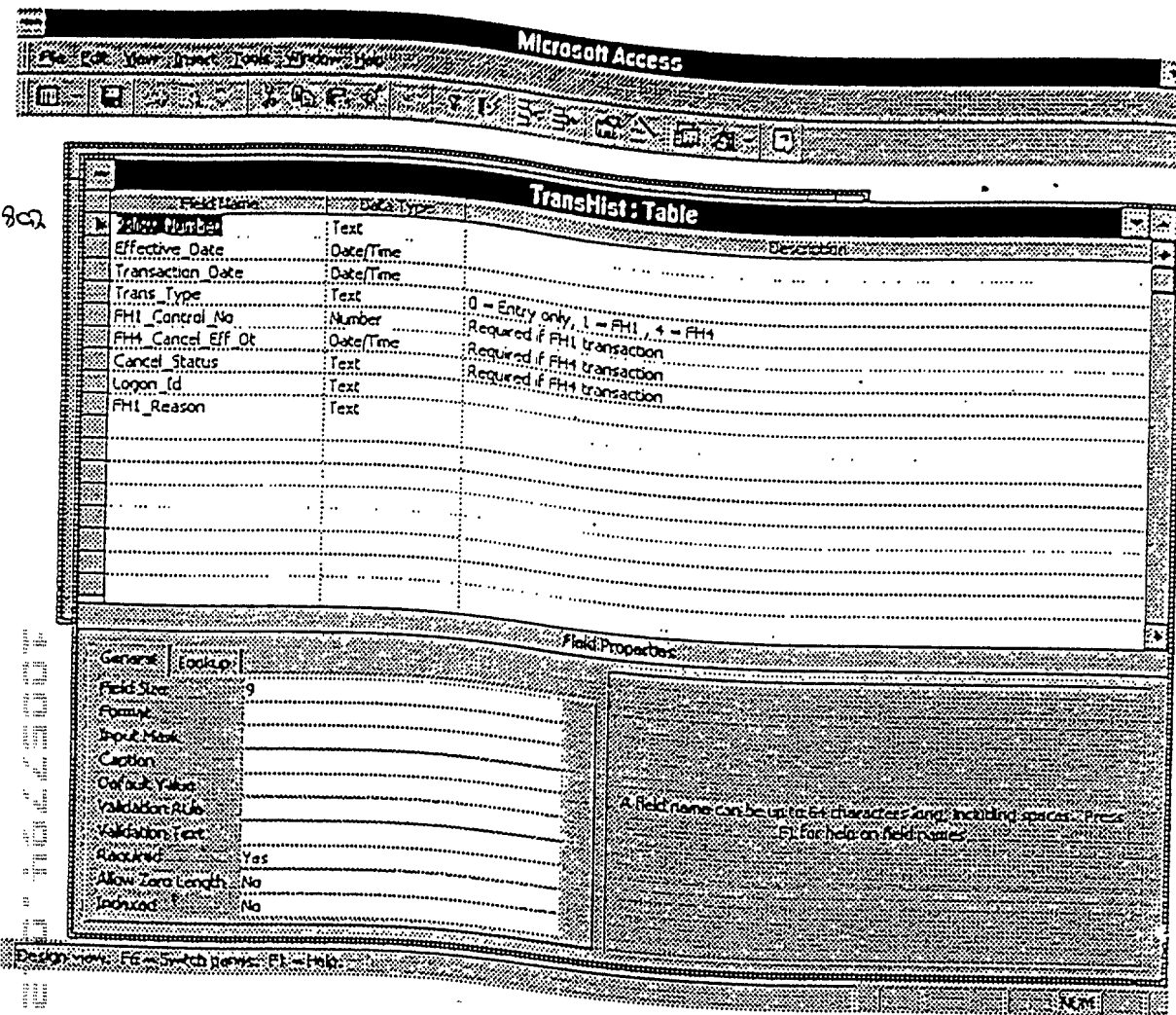
Indexed: No

A field name can be up to 64 characters long, including spaces. Press F1 for help on field names.

Design view: F5 - Switch panels: F6 - Help

700

Fig. 7



800

Fig. 8.

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company
☐ 487 Carrier Insurance Company
☐ 004 Carrier Property and Casualty Insurance Company

- ☒ hereby gives notice that the insurance certified by the company in its FOR HIRE PASSENGER VEHICLE INSURANCE CERTIFICATE heretofore issued to:
☐ hereby gives notice that the bond certified by the company in its FOR HIRE PASSENGER VEHICLE CORPORATE SURETY BOND CERTIFICATE heretofore issued to:

John Insured
 One Liberty Place
 Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2000	FORD	927H657H8989H7	5

State of New York - Department of Motor Vehicles
 TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO.		1	1	1	-	1	1	-	1	1
Individual	Federal	Canadian								
<input checked="" type="checkbox"/> U.S.A.	<input type="checkbox"/> Employer's	<input type="checkbox"/> Soc. Sec.								
Soc. Sec. No.	Number	Number								

is TERMINATED

effective 02/20/2001

at midnight

(Cannot be less than 45 days after receipt in Department)

Name and Address of Agency or Office Issuing FH-4

Insurance Agency
 1735 Market St.
 Philadelphia, PA 19103

By Agent
 Signature of Authorized Representative

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company
☐ 487 Carrier Insurance Company
☐ 004 Carrier Property and Casualty Insurance Company

- ☒ hereby gives notice that the insurance certified by the company in its FOR HIRE PASSENGER VEHICLE INSURANCE CERTIFICATE heretofore issued to:
☐ hereby gives notice that the bond certified by the company in its FOR HIRE PASSENGER VEHICLE CORPORATE SURETY BOND CERTIFICATE heretofore issued to:

John Insured
 One Liberty Place
 Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2000	FORD	927H657H8989H7	5

State of New York - Department of Motor Vehicles
 TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO.		1	1	1	-	1	1	-	1	1
Individual	Federal	Canadian								
<input checked="" type="checkbox"/> U.S.A.	<input type="checkbox"/> Employer's	<input type="checkbox"/> Soc. Sec.								
Soc. Sec. No.	Number	Number								

is TERMINATED

effective 02/20/2001

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 1735 Market St.
 Philadelphia, PA 19103

By Agent
 Signature of Authorized Representative

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company
☐ 487 Carrier Insurance Company
☐ 004 Carrier Property and Casualty

State of New York - Department of Motor Vehicles
 TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

Fig. 9

FH-1 (8/67) State of New York - Department of Motor Vehicles
 INSURANCE CERTIFICATE -FOR HIRE PASSENGER VEHICLE
☐ 400 Carrier Fire Underwriters Insurance Company
☐ 004 Carrier Property and Casualty Insurance Company
☒ 487 Carrier Insurance Company
 an authorized New York Insurer, certifies that it has issued a policy complying
 with Section 370 of the Vehicle and Traffic Law to:

John Insured
 One Liberty Place
 Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2001	PONTIAC	9376H784393F77J	5

not applicable on and after date of this certificate to the following replaced vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity

FH-1 (8/67) State of New York -Department of Motor Vehicles
 INSURANCE CERTIFICATE -FOR HIRE PASSENGER VEHICLE
☐ 400 Carrier Fire Underwriters Insurance Company
☐ 004 Carrier Property and Casualty Insurance Company
☒ 487 Carrier Insurance Company
 an authorized New York Insurer, certifies that it has issued a policy complying
 with Section 370 of the Vehicle and Traffic Law to:

John Insured
 One Liberty Place
 Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2001	PONTIAC	9376H784393F77J	5

not applicable on and after date of this certificate to the following replaced vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity

FH-1 (8/67) State of New York -Department of Motor Vehicles
 INSURANCE CERTIFICATE -FOR HIRE PASSENGER VEHICLE
☐ 400 Carrier Fire Underwriters Insurance Company
☐ 004 Carrier Property and Casualty Insurance Company
☒ 487 Carrier Insurance Company
 an authorized New York Insurer, certifies that it has issued a policy complying
 with Section 370 of the Vehicle and Traffic Law to:

(See Instructions on Reverse Side)

SOCIAL SECURITY OR
FEDERAL EMPLOYER'S NO.

Individual	Federal	Canadian
<input type="checkbox"/> U.S.A. Soc. Sec. No.	<input type="checkbox"/> Employer's Number	<input type="checkbox"/> Soc. Sec. Number

Explanation: To Register

POLICY
NUMBER H9 00 32 71 2

EFFECTIVE
From Midnight 2/28/2001 To Midnight Feb. 28, 2002

(Not acceptable to obtain registration plates after 60 days from effective date)

Name and Address of Agency or Office Issuing FH-1
 Insurance Agency
 1735 Market St.
 Philadelphia, PA 19103 Agent
 Signature of Authorized Representative

(See Instructions on Reverse Side)

SOCIAL SECURITY OR
FEDERAL EMPLOYER'S NO.

Individual	Federal	Canadian
<input type="checkbox"/> U.S.A. Soc. Sec. No.	<input type="checkbox"/> Employer's Number	<input type="checkbox"/> Soc. Sec. Number

Explanation: To Register

POLICY
NUMBER H9 00 32 71 2

EFFECTIVE
From Midnight 2/28/2001 To Midnight Feb. 28, 2002

(Not acceptable to obtain registration plates after 60 days from effective date)

Name and Address of Agency or Office Issuing FH-1
 Insurance Agency
 1735 Market St.
 Philadelphia, PA 19103 Agent
 Signature of Authorized Representative

(See Instructions on Reverse Side)

SOCIAL SECURITY OR
FEDERAL EMPLOYER'S NO.

Individual	Federal	Canadian
<input type="checkbox"/> U.S.A. Soc. Sec. No.	<input type="checkbox"/> Employer's Number	<input type="checkbox"/> Soc. Sec. Number